the AFIP LETTER

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Department of Defense Laboratories Gear Up for CLIA 88

In a February 1993 memorandum, the Acting Assistant Secretary of Defense for Health Affairs, Edward D. Martin, MD, directed the AFIP to establish a Clinical Laboratory Improvement Program office. As defined by Dr. Martin, the function of the new office is to provide overall program management of Clinical Laboratory Improvement Amendments of 1988 (CLIA 88) activities throughout the Department of Defense. This directive comes right on the heels of the recent Memorandum of Agreement (MOA) between the DoD and the Department of Health and Human Services (HHS) on implementation of CLIA 88. At the top of the Institute's agenda are: the assignment of triservice representatives to the office, the development of a triservice regulation incorporating CLIA 88 requirements within the military, and the registration of all DoD laboratory sites.

Although DoD is acting aggressively to comply with CLIA 88, these events have not escaped controversy. Ever since the signing of the MOA and the creation of separate regulations within DoD, many laboratory professional organizations have expressed editorial comment. Maj Mark Williams, USAF, BSC, laboratory management consultant to the Director, was asked to comment on the DoD approach. "From the very beginning, DoD has worked closely with the Department of Health and Human Services to fully comply with CLIA 88," Maj Williams stated. "However, military laboratories operate in many very unique medical environments, quite unlike any in the civilian community."

The deployment of medical personnel to remote sites worldwide and the location of warships at sea are not easily subject to the proficiency testing and administrative deadlines of CLIA. These, and many other military operations issues, are not accounted for in CLIA 88 and are totally incompatible with many CLIA 88 rules. "Our only options were to consult with HHS on modifications, as allowed in the law, or seek separate congressional legislation," Maj Williams added.

Maj Williams noted that some of the concern expressed in the editorials may be due to a lack of understanding in the civilian sector on how military laboratories compare to their civilian counterparts. He noted, "since the early seventies, military laboratories have participated in the College of American Pathologists Inspection and Accreditation Program. In addition, all military hospitals, and a majority of clinics, are inspected by the Joint Commission on the Accreditation of Health Care Organizations." Military blood banks and donor centers are almost universally accredited by the American Association of Blood Banks and inspected by the Food and Drug Administration. These are

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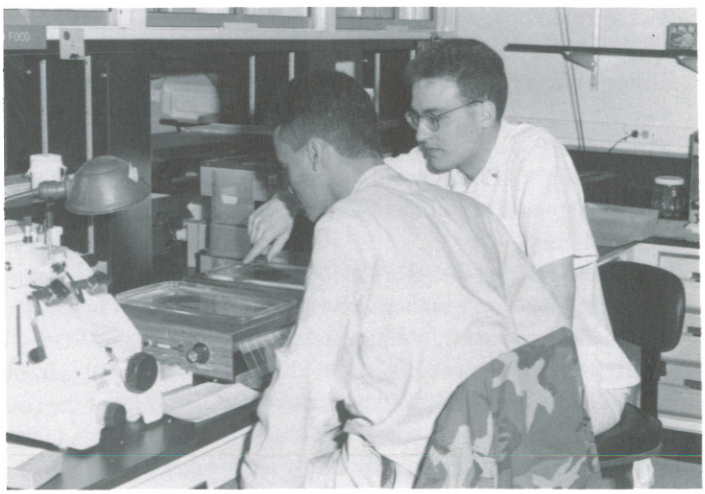

Histotechnicians Oswaldo Rodriguez and Tom Jeffers identify optimum tissue sections for staining. Consultative Lab, Department of Scientific Laboratories

DIRECTOR'S MESSAGE

AFIP prepares for new Clinical Laboratory Improvement Program

The Department of Defense participation in the Clinical Laboratory Improvement Act of 1988, designated Clinical Laboratory Improvement Program (CLIP), is gradually taking shape. The program, modified as appropriate to meet the specific military operational needs through a Memorandum of Understanding with the Department of Health and Human Services, has been finalized. A Clinical Laboratory Improvement Program Office will be situated at the AFIP and will include senior representatives from laboratory medicine from the Army, Navy, and Air Force along with administrative support. The first task will be to carry out the registration of all military laboratories for each Surgeon General.

The AFIP and the ARP were most proud and pleased to present the John Shaw Billings Award for Lifetime Achievement to Franz Enzinger, MD, who served for many years as the Chairman of the Department of Soft Tissue Pathology, where he made a worldwide impact on this particularly difficult area of histopathology. The award was presented to Dr. Enzinger on March 4, 1993, by John Mazzuchi, MD, representing VADM Edward Martin, Acting Assistant Secretary of Defense for Health Affairs.

The AFIP and the ARP are looking forward to this year's annual James Earle Ash Lecture on June 1, 1993, which will be presented by James D. Watson, PhD, Nobel Prize Laureate, who will discuss the societal impact of genomic information. Dr. Watson will also visit the AFIP with particular interest in the genomic information potential of its repositories.

MG Ronald R. Blanck, Commander of Walter Reed Army Medical Center, has provided access for AFIP to the former WRAMC Post Theater. ARP will modify the theater for the Radiologic Pathologic Correlation course which is attended by most radiology residents in the United States. When renovated, this theater will significantly increase the capacity of the course which has a considerable unmet demand at the present time.

Finally, the Scientific Advisory Board of the AFIP will meet at the AFIP on April 29–30, 1993, to hear presentations of programs in a number of key departments. Summaries of their reports will be provided to the Board of Governors which will meet on June 3, 1993.

Vernon W. Armbrustmacher
Col, USAF, MC
The Director

Histopathology Atlas for the Sudden Infant Death Syndrome

M. Valdes-Dapena, P. Mc Feeley, H. Hoffman, K Damus, R. Franciosi, D. Allison, M. Jones, and J. Hunter

Published by the Armed Forces Institute of Pathology and in cooperation with the American Registry of Pathology and The National Institute of Child Health and Human Development
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The Sudden Infant Death Syndrome (SIDS) is "the sudden death of an infant under one year of age that remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death, and review of the case history." In the United States alone, SIDS accounts for over 7,000 deaths a year. This Atlas, based on a prospective study of over 750 SIDS cases with an equal number of age and birth weight matched controls, has been compiled as a handbook or work manual for practitioners of general and forensic pathology. In addition to a detailed discussion of autopsy techniques and a description of the "classic" or typical pathology associated with SIDS, the Atlas presents a broad overview of the normal histology of the infant in the postneonatal period. Other causes of sudden death in infants are described and illustrated along with incidental or inconsequential lesions seen in SIDS cases. Individual cases of SIDS and various explained deaths in infants are presented in some detail. Appendices include examples of a standard autopsy protocol as well as sample letters that may be used in contacting the parents and grandparents of a SIDS infant to inform them of the results of the postmortem examination. This Atlas, with 339 pages and over 300 black-and-white and color photographs, will be useful to pathologists and other physicians as well as to health care professionals who are called upon to diagnose infants who may have died of the Sudden Infant Death Syndrome. The Histopathology Atlas for the Sudden Infant Death Syndrome may be ordered using the form on page 15.

"The wall of Old San Juan." Photo courtesy of Hill and Knowlton, Inc.

Education Spotlight

Pathology of Infectious Diseases and AIDS set for San Juan, Puerto Rico, July 12-16, 1993

Picturesque San Juan, Puerto Rico, will serve as the site for "Pathology of Infectious Diseases and AIDS," from July 12-16, 1993, at the Condado Hotel and Casino. Experts from the AFIP and other noted institutions will be on hand to present this comprehensive look at a significant topic for the Caribbean region.

According to AFIP Deputy Director J. Thomas Stocker, COL, MC, USA, Puerto Rico was the logical choice to host this significant course because of its close proximity to South and Central American countries. "It's a good opportunity for us to take topics to a region where infectious diseases are still a significant problem," he notes. The course will give pathologists, dermatopathologists, and other professionals the opportunity to study the pathology of infectious and parasitic diseases and AIDS-related diseases over five days in a beautiful island setting.

The course is cosponsored by AFIP, the American Registry of Pathology (ARP), the Pan American Health Organization (PAHO), and the University of Puerto Rico School of Medicine. "PAHO's role is very significant," notes AFIP Associate Director Florabel G. Mullick, MD, SES, "because Puerto Rico is the 'door' to the Caribbean and the rest of South America, and infectious diseases are still a problem in some areas of this region." According to Dr. Mullick, a course that reaches out to health care professionals from so many countries does several things. "We are able to learn so much. Diseases which are so rarely seen here are made available to us through the participation of so many international health care providers. We have the unique opportunity to directly accession these cases to the Institute. Correspondingly, we are able to share what knowledge and information we have accumulated or what technologies we have developed in working with these cases so that it becomes a true exchange of knowledge and ideas."

The course is arranged in three modules over five days, reflecting a new approach to a classical AFIP educational program. Course codirector Adolfo Firpo, MD, registrar of the AIDS Pathology Registry at AFIP, says that "we wanted to make the course relevant, well-focused, comprehensive, and varied enough so that it will become a forum of professional medical exchange on the diagnosis and research of infectious and parasitic diseases." The first module covers pathology of infectious and parasitic diseases, with a plenary lecture on the evolving specialty of infectious disease pathology by Raul A. Marcial-Rojas, MD, MPH, JD, president of the Universidad Central del Caribe in Puerto Rico and a pioneer in the subspecialty of Infectious and Parasitic Disease Pathology.

Topics on the first day will include diagnosis of the infectious disease process in dermatopathology, offering dermatopathologists the chance to evaluate and recognize cases of infection seen in daily practice. The second day will focus on malaria, which is the single largest cause of morbidity in the developing world and cause of concern for PAHO. Fidel P. Zavala, MD, senior investigator, Laboratory of Molecular Parasitology and associate professor of pathology at the New York University Medical School, will lecture on the development of an antimalarial vaccine and on field immunosurveillance of endemic malaria.

The third day will focus on microbacterial diseases, including leprosy and tuberculosis. "Both of these have gained tremendous interest in the last few years because the regions and populations which are highly endemic are some of the most severely infected by HIV and AIDS," notes Dr. Firpo. The impact of HIV on tuberculosis will be discussed in-depth by Kenneth G. Castro, MD, director, Division of Tuberculosis Control, Centers for Disease Control and Prevention. New initiatives for funding research in this field will be presented by Elaine M. Daniels, MD, PhD, medical officer, National Institutes of Health.

Days 4 and 5 will focus directly on AIDS and HIV. The first section will cover the selective appearance of the disease process on selected organs, before switching into the appearance of selected organisms in different organs. The final

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Franz M. Enzinger, MD, receives John Shaw Billings Lifetime Achievement Award

At a ceremony held on March 4, 1993, Franz M. Enzinger, MD, chairman emeritus of the Department of Soft Tissue Pathology, received the John Shaw Billings Lifetime Achievement Award for contributions to the AFIP Dr. Enzinger has long been recognized as the foremost soft tissue pathologist in the world and, since his 1988 retirement, has served as Distinguished Visiting Scientist at the AFIP.

A native of Rohrbach, Austria, Dr. Enzinger received his MD degree from the University of Innsbruck. In 1951, he took a rotating internship at the Northern Westchester Hospital in Mount Kisco, NY, and residency training in pathology at the University of Iowa, Iowa City, from 1952 to 1956. In 1957, Dr. Enzinger was hired by the AFIP on a two-year contract and assigned to the Department of Pulmonary, Mediastinal, and ENT Pathology as an assistant pathologist under the direction of Dr. Sam Rosen.

After a year in this department, he was transferred to the Department of Dermatopathology and Gastrointestinal Pathology under the direction of Dr. Elson Helwig. In 1959, Dr. Enzinger joined the Department of Soft Tissue Pathology and became chairman in 1960, where he served until his retirement.

During his career at the AFIP, Dr. Enzinger performed the duties of associate chairman of the Center for Advanced Pathology from 1977 to 1987 and served as the registrar of the Soft Tissue Tumor Registry.

Dr. Enzinger is the author and coauthor of more than 100 articles on the subject of soft tissue tumors. From 1960 to 1988, he was head of the World Health Organization Reference Center for the Classification of Soft Tissue Tumors, for which he prepared a book on the classification of soft tissue tumors in 1968. He is also the senior author of a comprehensive textbook on the pathology of soft tissue tumors that was first published in 1982 and reissued in 1988.

He is certified by the American Board of Pathology and served as professor at the Uniformed Services University of the Health Sciences in Bethesda, MD, and as consultant to the National Cancer Institute. He is a member of the Task Force on the Staging of Soft Tissue Tumors of the American College of Surgeons and a member of the editorial board of several scientific journals.

For his contributions to soft tissue pathology, Dr. Enzinger has received many honors and awards, including an honorary degree of doctor of medicine from the Universities of Goteborg, Sweden (1977), and Goettingen, Germany (1985); the presidential rank of Meritorious Executive (1983); the Heath Memorial Award for Cancer Research, University of Texas; the Fred W. Stewart Award of the Memorial Sloan Kettering Cancer Center, New York; and the H.P. Smith Award of the American Society of Clinical Pathologists.

He is married to Inge Ludescher of Linz, Austria, and they have one son, Peter.

The John Shaw Billings Award for Lifetime Achievement

The John Shaw Billings Award is named after the fourth curator of the Army Medical Museum and the founder of the Surgeon General's Library (now the National Library of Medicine). Created in 1989, the award honors a senior staff member for a lifetime of contributions to the AFIP.

John Shaw Billings was born in 1838 in rural Indiana. His brilliant mind enabled him to graduate with an MD at age 22 in 1860. Dr. Billings served as a surgeon during the Civil War, where he performed difficult surgery at the Battle of Gettysburg and other sites. In December 1864, Dr. Billings joined the Surgeon General's office, where he stayed for the next 30 years.

His contributions during this time were numerous. He organized the Public Health Service, devised plans for Johns Hopkins Hospital, and planned the Army Medical Museum, among others. Most importantly, Dr. Billings organized the Surgeon General's Library - today known as the National Library of Medicine. As the fourth curator of the Army Medical Museum, he started the extensive microscope collection that bears his name and successfully campaigned to move the Museum to a new site at 7th and Independence Avenues in downtown Washington, DC, in 1887.

Dr. Enzinger is the second recipient of the John Shaw Billings Lifetime Achievement Award. He joins Dr. Elson B. Helwig, chairman emeritus of the Department of Gastrointestinal Pathology and Distinguished Visiting Scientist, as recipient of this prestigious honor.

AFIP Associate Director Florabel G. Mullick, MD, SES

AFIP Associate Director Florabel G. Mullick, MD, SES, oversees the Center for Advanced Pathology's "Group B," which includes 12 pathology departments. In a recent interview, she discussed the group's continuing involvement in consultation, research, and education programs.

Q. You've said before that Group B has a number of departments that are strong in general areas as well as organ-specific departments. Could you expand on that?

A. Group B includes a few departments that are traditional organ-oriented morphologic pathology departments, for which the AFIP historically has been widely renowned. There is another category of department, of which we have many in Group B. These departments have expertise in a much broader area that may or may not involve multiple organ systems. The Department of Environmental and Toxicologic Pathology, for example, looks at diseases and their etiologies, including drug-induced diseases, environmentally induced diseases, occupational illnesses, and other toxic diseases. The groups of experts located in such departments add another dimension to the morphologic studies of cases, that is, the evaluation of etiologic factors.

Another department that is strong in morphology but which typifies this added dimension is Infectious and Parasitic Disease Pathology. This department combines expertise in anatomic pathology with the search of the etiologic infectious agents using state-of-the-art molecular biology and other techniques. The Department of Pediatric Pathology has a special expertise in neonatal, perinatal, and placental pathology, but they cover the entire range of organ systems in the pediatric age group, which is unique.

Then, we have the organ-specific departments which are strong in morphology, starting with Pulmonary, Otolaryngic and Endocrine, and Cardiovascular. The Department of Oral Pathology adds another dimension in consultation, because they are pathologists and dentists, which is very unique. The Department of Veterinary Pathology is also strong in consultation. The combination of the two categories of departments within our group provides a coalition and affiliation of great strength and offers the contributor a consultation service of the highest quality.

Q. What about ongoing research projects in Group B?

A. Our research interest has been focused on producing the highest quality of clinicopathologic correlations, following what has been the tradition of the AFIP for the last years.

We are also interested in developing our own methods and techniques and "transferring" the same into our consultative mission to produce the finest possible consult using the latest state-of-the-art methods. One of the departments that was used as a model for this type of approach is the Department of Cellular Pathology, and it has proven an enormous success.

We started with small labs in immunopathology and cytology and in the last five years have concentrated all of these efforts and added a tremendous amount of high-tech capabilities. We now have a department that is strong in such modern techniques as molecular biology, flow cytometry, morphometry, cytology, immunopathology, imaging, and biophysics research.

By identifying units in this particular fashion, both the department and the Institute benefit. Because it is very focused and identifiable, we are able to centralize our resources in one place. Cellular Pathology will soon add a molecular pathology reference laboratory, which had been part of our plan from the very beginning. All AFIP departments will be able to benefit from the ability of infectious probes and other technologies to help them supplement their consultation work.

Q. Cellular Pathology may be the prototype, but what about other areas?

A. One area that comes instantly to mind is the Department of Cardiovascular Pathology. They seem to always be a step ahead in what is being done in the field and have been very successful in obtaining extramural funding for new projects.

AIDS Pathology is another area. It started as a small collaborative effort and has grown into a large division with a tremendous diversity of AIDS-related material. We've run a laboratory in Kinshasa, Zaire, and have also done work on opportunistic infections such as tuberculosis, mycobacteria, and

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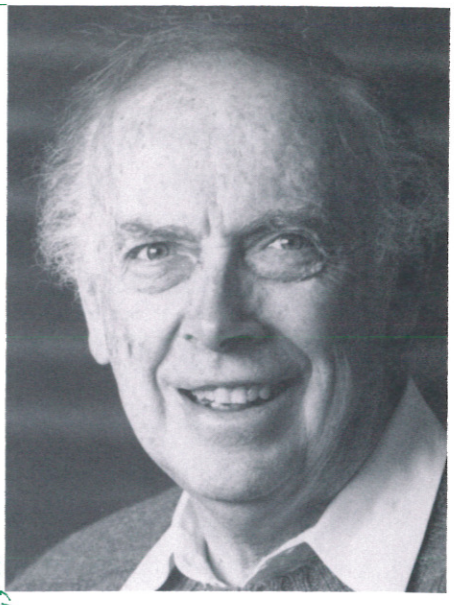
Nobel Prize Winner James D. Watson, PhD, to present 1993 Ash Lecture

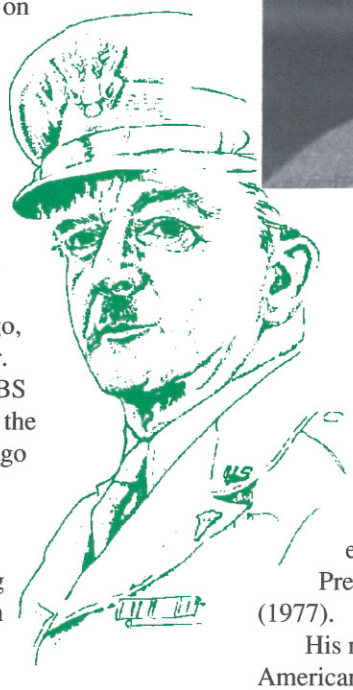


James D. Watson, PhD.
Left, Colonel James Earle Ash.

Nobel Prize winner James D. Watson, PhD, who is best known for his discovery of the structure of DNA, will speak on "The Societal Implications of the Human Genome Project" when he presents the AFIP's Ninth Annual Ash Lecture on 1 June 1993. Dr. Watson shared the 1962 Nobel Prize in Physiology or Medicine with Francis Crick and Maurice Wilkins after they proposed that the DNA molecule takes the shape of a double helix, an elegantly simple structure that resembles a gently twisted ladder. The rails of the ladder are made of alternating units of phosphate and the sugar deoxyribose; the rungs are each composed of a pair of nitrogen-containing nucleotides.

This research emphasized a concept central to the emerging field of molecular biology: understanding the structure of a molecule can give clues about how it functions. Because each nucleotide within a rung of the DNA ladder is always paired with the same complimentary nucleotide, one half of the molecule can serve as a template for the construction of the other half. This complementary pairing explains how identical copies of parental DNA can be passed on to two daughter cells. During cell division, the DNA helix "unzips," and two new molecules are formed from the half-ladder templates. Later research showed that the precise sequence of nucleotide rungs of the DNA ladder directs the manufacture of proteins and determines the identity of a living organism. Research on DNA-protein interactions launched a revolution in biology that led to modern recombinant DNA techniques.

In 1968, Dr. Watson became director of Cold Spring Harbor Laboratory on Long Island, New York. Under his direction, this renowned but financially endangered institution was revitalized. Dr. Watson steered the Laboratory into the field of tumor virology, from which emerged our present understanding of tumor oncogenes (cancer genes) and the molecular basis of cancer. In addition to high-level research on cancer, plant molecular biology, cell biochemistry, and neuroscience, the Laboratory functions as a postgraduate university for DNA science.



Born in Chicago, Illinois, in 1928, Dr. Watson received a BS degree (1947) from the University of Chicago and a PhD (1950) from Indiana University, both in zoology. Following a National Research fellowship in Copenhagen and a National Foundation of Infantile Paralysis fellowship at the University of Cambridge, England, he spent two years at the California Institute of Technology. He joined the Harvard faculty in 1955 and became professor in 1961, resigning in 1976 to become full-time director of Cold Spring Harbor Laboratory. In 1988, he was appointed associate director for Human Genome Research of the National Institutes of Health, and in 1989, he was appointed director of the National Center for Human Genome Research (NCHGR) of the National Institutes of Health. In 1992, Dr. Watson resigned his position at NCHGR, after successfully launching a worldwide effort to map and sequence the human genome.

Dr. Watson was awarded the John Collins Warren Prize of Massachusetts General Hospital (1959), the Eli Lilly Award in Biochemistry (1960), the Albert Lasker Prize, awarded by the American Public Health Association (1960), the Research Corporation Prize (1962), the John J. Carty Gold Medal of the National Academy of Sciences (1971), and the Presidential Medal of Freedom (1977).

His memberships include the American Academy of Arts and Sciences (1958), the American Society of Biological Chemists (1958), the National Academy of Sciences (1962), the American Association for Cancer Research (1972), and the American Philosophical Society (1977). He holds honorary affiliations with the Danish Academy of Arts and Sciences (1963), Clare College, Cambridge University (1968), Athenaeum, London (1980), the Royal Society, London (1981), and the Academy of Sciences, USSR (1989).

Dr. Watson has received honorary degrees from 15 universities and has published five books: *Molecular Biology of the Gene, The Double Helix, The DNA Story, Molecular Biology of the Cell,* and *Recombinant DNA: A Short Course.*

He is married to the former Elizabeth Lewis, with whom he has two sons, Rufus and Duncan.

CALLENDER-BINFORD FELLOWS

Rosaly Correa de Araujo, MD, PhD
Department of Cardiovascular Pathology

Rosaly Correa, MD, PhD, a pathologist from Brazil, is serving a two-year Callender-Binford Fellowship in the AFIP's Department of Cardiovascular Pathology.

Dr. Correa received her MD from the University of Bahia, Salvador, State of Bahia, Brazil, and her PhD from the Medical School of Ribeirao Preto, University of Sao Paolo, Brazil.

She came to the United States in 1990 for postdoctoral training at the National Heart, Lung, and Blood Institute, National Institutes of Health. There, she worked with growth factors in the pathogenesis of atherosclerosis. She demonstrated that the proliferative smooth muscle cells in the atherosclerotic lesions express fibroblast growth factor receptor 1. This finding was presented in the annual meeting of the American Heart Association in November 1991, where Dr. Correa was a featured research speaker.

Dr. Correa joined the Department of Cardiovascular Pathology at the AFIP in July 1992 and has been involved in the following research projects: 1) Human atherosclerosis and experimental models of restenosis: cell proliferation at various time intervals and the role of growth factors; 2) The role of hypertension in the causation of aortic dilatation: a comparative study between the Occidental and Chinese population; and 3) Basophilic degeneration of the human myocardium.

Bijan Amirghassemi, MD
Department of Otolaryngic-Endocrine Pathology

Bijan Amirghassemi, MD, is serving a two-year Callender-Binford Fellowship in the Department of Otolaryngic-Endocrine Pathology.

A native of Tabriz, Iran, Dr. Amirghassemi graduated from the University of Azarabadegan School of Medicine, Tabriz, Iran, and completed his residency in clinical dermatopathology at the University of Paris VII (St. Louis Hospital), School of Medicine, Paris, France. His clinical experience included work in the mycology laboratory and the hematoncology department and in a research project on gastrointestinal tract carcinomas.

He completed his residency in combined pathology at Fairfax Hospital, Fairfax, Virginia, prior to his fellowship at the AFIP. He has several months of experience in dermatopathology at several institutions, including the University of Pennsylvania and American Medical Laboratories.

Dr. Amirghassemi's current projects include *Carcinomas of the Head and Neck*, abstract published in Modern Pathology, January 1993, and *Mesenchymal Tumors of the Thyroid Gland,* being prepared for publication.

AFIP Responds to Increased Demand for Radiologic Pathology Courses

The renowned Radiologic-Pathologic Course offered by the AFIP to radiology residents has become so popular that accepting all applicants has become difficult, says Department Chairman James L. Buck, CDR, MC, USN. "Over the past decade the demand for this unique six-week course has doubled, and we've increased the number of courses from five to six per year and increased seating capacity on two occasions from 100 to 148," he notes. However, the demand for positions in the courses has continued to exceed the expanded capacity of the already overcrowded auditorium.

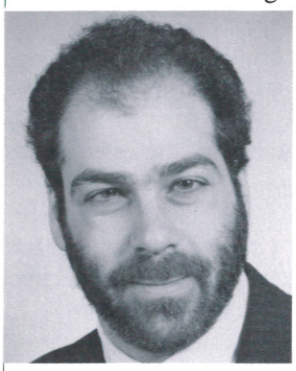
Course Director James G. Smirniotopoulos, MD, reports that over 200 residency programs, including all of the federal and over 85% of the civilian programs in the U.S., participate in the course and that the number of international programs that participate is constantly increasing. Allocations for the courses are made approximately two years in advance. For the 1994-1995 academic year a record number of 1104 residents have already applied for the courses. The Institute is committed to making the course available for all of the radiologic residents who wish to attend.

Adjacent to the AFIP, within Walter Reed Army Medical Center's Building 53, is the former post movie theater. Used for many years as a storage depot, plans are now underway to convert this facility into a modern and comfortable 240 seat classroom with perfect site lines for the "double projection" of radiologic and pathologic images.

This building will contain adequate rest rooms, locker space, and lounge areas for all of the students as well as offices for the Radiologic Pathology course coordinators. The $600,000 cost for the construction of the new auditorium and the conversion of the existing auditorium into the "archives" for the Registry of Radiologic Pathology will be paid by the American Registry of Pathology.

Robert I. Goler named executive administrator of AFIP's National Museum of Health and Medicine

Robert I. Goler is the new executive administrator for Programs and Operations at the AFIP's National Museum of Health and Medicine. He comes to the AFIP from the Chicago Historical Society, where he served as curator of the Decorative and Industrial Arts Collection. As the former acting director of the Fraunces Tavern Museum in New York City, he has extensive experience in all aspects of public museum management.



As a medical historian, he has focused on medical practices in early America; the development of municipal public health efforts in New York, Philadelphia, and Chicago; and the evolution of medical technology. Mr. Goler continues to assist the Museum of the City of New York in the development of a major new exhibition to be called "Epidemics in New York City." His articles have appeared in the *New York State Journal of Medicine* and *Trends in History*. He has authored several entries on the history of New York City for Yale University Press. They will appear in the *Encyclopedia of New York City*.

Commenting on his new post, Goler said: "The Museum has developed unique collections, a strong staff, and a continuing commitment to public service. Our transition from an important local institution to one which initiates exhibits and programs for the entire nation makes this an exciting time to join the Museum. I look forward to working together with AFIP and DoD personnel to help us reach our true potential."

From an administrative perspective, Goler has studied museum management ranging from the many legal issues confronting museum officials to integrated pest management. Among his other activities, Robert Goler has been a panelist for the National Endowment for the Humanities and a reviewer for the Museum Assessment Program, sponsored by the federal Institute of Museum Services.

"Rob" Goler is a welcome addition to the National Museum of Health and Medicine of the AFIP.

Repository and Research Services

AFIP to store pathologic materials from closed military medical facilities

A central repository has been established at the AFIP to store pathologic materials from various medical facilities throughout the world which have closed or are in the process of closing. We have already received material from Clark AFB, Philippines, via Elmendorf AFB, AK, and we will shortly be receiving material from Wiesbaden AB, Germany; Torrejon AB, Spain via Lakenheath AB, England; Upper Heyford AB, England; Incirlik AB, Turkey; Letterman Army Medical Center at the Presidio of San Francisco, Calif.; Cutler Army Hospital, Fort Devens, Mass.; Hays Army Hospital, Fort Ord, Calif.; Hanley Army Hospital, Fort Benjamin Harrison, Ind.; Robert L. Thompson Strategic Hospital, Carswell AFB, Texas; and Homestead AFB via MCDill AFB, Fla. We anticipate other bases will also be sending their material as they are identified for closure and prepare to close. These materials will be held at the AFIP until the statute of limitations expires and as required by service regulations. During the time the material is retained, it will be available for retrieval for medical/legal purposes.

National Tissue Repository set to expand

A contract has been awarded to develop design specifications for an addition to the National Tissue Repository located at the Forest Glen annex of Walter Reed Army Medical Center in Silver Spring, Md. These design specifications are currently 95% complete, and it is anticipated that a contract will be awarded for the actual design work prior to the end of FY 93.

"The new repository addition will be built with a connecting walkway right next to the existing building and will essentially be a mirror image of the present one," says Annette R. Anderson, Maj, USAF, MSC, administrator, Department of Repository and Research Services. Tentative plans call for moving all paraffin blocks out of the old building and into the new one. This will give the microscopic glass slide and formalin-fixed tissue repositories in the older building room for expansion. In addition, the new building will have open and secured storage areas, which will largely be used to store pathologic materials received from various military facilities that have closed or are in the process of closing.

Susan L. Abbondanzo, MD, Chief, Division of Immunopathology, Department of Cellular Pathology

Susan L. Abbondanzo, MD, has been named chief, Division of Immunopathology, Department of Cellular Pathology. Her duties include supervising the Immunohistochemical Laboratory and overseeing the introduction of new immunohistochemical markers for diagnostic and research cases. Prior to assuming her current position, Dr. Abbondanzo served as a staff pathologist in the Department of Hematopathology.

A graduate of Fordham University, Bronx, NY, and Georgetown University School of Medicine, she completed a rotating internship and spent four years as an Air Force flight surgeon at the Pentagon.

Dr. Abbondanzo then completed a residency in clinical and anatomic pathology at Georgetown University Medical Center. Two years of hematopathology fellowships followed at the National Institutes of Health and the University of Texas Health Science Center, San Antonio. She is board-certified in anatomic and clinical pathology and in hematology.

In April 1993, Dr. Abbondanzo was awarded the Fordham University Alumni Achievement Award for her postgraduate accomplishments in pathology, becoming only the second woman in the history of the school to receive this prestigious award.

Cynthia F. Wright, PhD, Chief, Division of Molecular Pathology, Department of Cellular Pathology

Cynthia F. Wright, PhD, has been named chief, Division of Molecular Pathology, Department of Cellular Pathology. Her current duties include supervising the Molecular Pathology Laboratory and conducting experimental work on vaccina virus late transcription.

A native of Tacoma, Washington, Dr. Wright received her BS in microbiology from the University of Florida and her PhD in molecular genetics from the State University of New York at Albany.

Prior to joining the AFIP in 1989, she spent four years as a postdoctoral fellow for Dr. Dean Hamer at the Laboratory of Biochemistry, National Cancer Institute, and for Dr. Bernard Moss at the Laboratory of Viral Diseases, National Institute of Allergy and Infectious Diseases, both at the National Institutes of Health.

In 1991, she was awarded a National Institutes of Health grant to study late transcription in vaccinia virus. In 1992, she received the AFIP's John Hill Brinton Award, which is presented annually to an outstanding researcher under the age of 41. Her award-winning article, "A Transcription Factor for Expression of Vaccina Virus Late Genes is Encoded by an Intermediate Gene," was published in the July 1991 issue of *Journal of Virology*.

- AFIP Distinguished Scientist **William Rodriguez, PhD**, chief deputy medical examiner, special investigations, was elected vice president of the American Board of Forensic Anthropology at the annual meeting of the American Academy of Forensic Sciences, held in Boston, Mass.

- **Brion Smith, MAJ, DC, USA,** Department of Oral Pathology, received an award for his 1992 paper "A Systematic Approach to Sampling Dental DNA," from the American Society of Forensic Odontology at the annual meeting of the American Academy of Forensic Sciences, held in Boston, Mass.

- **Peter C. Buetow, MAJ, MC, USA,** has joined the Department of Radiologic Pathology as its Army representative, replacing LTC Mark J. Kransdorf. In his position as chief of Gastrointestinal Radiology, he will be concentrating on diseases of the hepatobiliary system, spleen, and pancreas. Dr. Buetow is a graduate of Yale University and Columbia College of Physicians and Surgeons. He completed his residency in Diagnostic Radiology at Walter Reed Army Medical Center, where he remained as a staff member and chief of diagnostic imaging before coming to the AFIP.

Museum acquires Veterinary Fluorosis Collection

The National Museum of Health and Medicine of the AFIP has acquired the James LeGrande Shupe Veterinary Fluorosis Collection. Dr. Shupe, a professor emeritus in the Department of Veterinary Science at Utah State University, is internationally known for his pioneering work in fluoride and large animals. The collection is unique for the length of the studies conducted, the controlled scientific and pathological assessments, and the range of documentation available for each animal. Procter and Gamble funded the transfer of the collection to the National Museum of Health and Medicine and has donated over $8,000 to arrange and produce a finding aid for the collection. The collection will be housed at the new Museum collections facility in Gaithersburg, Md.The collection consists of skeletal specimens, bone sections, microscope slides, photographs, and case documentation, along with reprints, texts, and reports on fluorosis, fluoride treatment, and related fluoride research. Interested researchers can contact the Curator, Anatomical Collections, NMHM, Washington, DC, 20306-6000, (202) 576-2334.

Paul Sledzik, curator of Anatomical Collections of the NMHM of the AFIP, examines specimen from the Shupe Veterinary Fluorosis Collection.

Hyman J. Zimmerman, MD, honored at American College of Physicians meeting

Hyman J. Zimmerman, MD, AFIP Distinguished Scientist, Emeritus, has been honored by the American College of Physicians with the title of Mastership Fellowship at their annual session on 1 April 1993, in Washington, DC.

Associated with the American Registry of Pathology, Dr. Zimmerman is the director of the Center for Special Studies in Hepatotoxicity at the AFIP. He has researched the effect of various toxins on the liver, and his textbook, *Hepatotoxicity*, has been used by gastroenterology trainees for many years. Dr. Zimmerman has served on many learned societies and won distinguished achievement awards from organizations internationally.

Dr. Zimmerman is professor of medicine, emeritus, at George Washington University and clinical professor of medicine at the Uniformed Services University of the Health Sciences, Bethesda, Md.

***CLIA**, continued from page 1*

complimented by military inspector general (IG) teams that review the laboratory's operational readiness for military operations such as Operation Desert Storm in Saudi Arabia to contingencies such as Operation Restore Hope in Somalia. "Our voluntary participation in widely accepted laboratory peer-review programs demonstrates our intent to consistently meet national standards of care in all aspects of laboratory medicine," Maj Williams concluded.

The administration of the DoD CLIA 88 program will be assigned to AFIP's Office of Clinical Laboratory Affairs. It is expected that laboratory registration and certification, proficiency testing oversight, and compliance monitoring will be fully implemented by October 1993. The biggest challenge appears to be the establishment of associate degree programs within the services by 1997. However, each service is developing plans to achieve this deadline. We are excited about the role AFIP will play in this major quality improvement program.

***Puerto Rico**, continued from page 3*

day will review malignancies in AIDS and HIV infection during pregnancy and in pediatrics. The course will end on Friday afternoon with a discussion on current issues in HIV and AIDS in Puerto Rico and other Caribbean areas. Local experts actively involved in the diagnosis, treatment, and research in HIV diseases and AIDS will provide an understanding of their approach for dealing with the AIDS epidemic.

Comparative Pathobiology of Lentivirus Infections to be held 14-15 June '93

The Registry of Comparative Pathology and Universities Associated for Research and Education in Pathology (UAREP), Inc., will host "Comparative Pathobiology of Lentivirus Infections," June 14-15, at the Hyatt Regency Hotel, Bethesda, Md. For further information, contact the Registry at (202) 576-2452.

***Mullick**, continued from page 3*

pneumocystis. We are also involved in mycoplasma research as part of our AIDS work. The Immunopathology-Electron Microscopy Laboratory is being organized as part of the AIDS Pathology effort. All in all, Group B has a total of 119 approved research protocols, has published 100 articles, and has received multiple grants from outside sources during the past year.

Q. What about the new Center for Environmental and Toxicologic Pathology?

A. Originally started in 1965 by Dr. Nelson S. Irey as a Division of Tissue Reaction to Drugs, its expansion into a center has been a collaborative effort among the Department of Environmental and Toxicologic Pathology, the Department of Veterinary Pathology, and the American Registry of Pathology (ARP). The Center will include a human registry of toxic lesions, an animal registry, an international database for both human and animal lesions, and panels of experts that will be oriented towards organ systems or timely issues as they come about and will also include a genetics lab and education program in the area of toxicologic pathology.

The basis for the Center is the 17,000-case Registry of Human Toxicology and the Registry of Animal Toxicology, which contains material from the Registry of Veterinary Pathology and the Registry of Comparative Pathology. These two registries hold over 100,000 animal cases. We'll be looking at human lesions associated with adverse drug reactions and toxins, and we will build on that to create a human registry. We also plan on expanding the Registry of Animal Toxicology.

Q. Group B is also home to the Department of Radiologic Pathology, which offers an outstanding training program for radiology residents from around the U.S. Are you looking into other education ventures?

A. Most of the top radiology residency programs in the country send their students for the six-week training course provided by the Department of Radiologic Pathology. This has become such an attractive and valuable component to the curriculum that many students feel the presence or absence of this course weighs heavily in their decision to apply to certain residency programs.

The Department of Pediatric Pathology is developing an education center so that all the fellows in pediatric pathology can participate in a rotation for one year there.

The Department of Legal Medicine provides a new and innovative educational program called "Open File," a professional medical-legal publication which carries with it CME credit. The goal of this program is to educate physicians and other health care professionals on issues relating to clinical risk management, quality assurance standards, and the many legal aspects of medical care to improve practitioner awareness of problem areas and enable them to practice better medicine.

Of course, many of our departments are involved in a variety of continuing education programs for the pathology world. In July, the "Pathology of Infectious Diseases and AIDS" course will be held in San Juan, Puerto Rico. This is a fine example of how we want to make ourselves available to the Caribbean, Central American, and South American regions, where infectious diseases are a problem. Courses are being presented in other countries such as: Spain, Japan, Germany, etc. So, as you can see, Group B has a hand in all aspects of AFIP's consultation, research, and education missions. ❑

Collaborative efforts discussed in Puerto Rico

Officials from AFIP and the National Institute of Environmental Health Sciences (NIEHS) recently visited the University of Puerto Rico, Medical Sciences Campus, to discuss collaborative efforts. From left to right: Carlos Suarez, MD, acting chancellor; Nilda Candelario, MD, dean of medicine; Florabel G. Mullick, MD, SES, associate director, AFIP; Kenneth Olden, PhD, director, NIEHS; Anne Sassaman, PhD, director, Division of Extramural Research and Training; Angel Roman-Franco, MD, acting director, Department of Pathology.

Abstracts

Nonartherosclerotic narrowing of the atrio-ventricular node artery and sudden death

Allen P. Burke, MD, Ramiah Subramanian, MD, FACC, John Smialek, MD, and Renu Virmani, MD, FACC

Objectives. This study was undertaken to determine whether thickening of the atrioventricular (AV) node artery is a cause of sudden cardiac death.

Background. Thickening of the AV node artery has been implicated as a cause of sudden death primarily on the basis of case reports. Few pathologic studies have compared subjects who died of sudden cardiac death with normal control subjects who died traumatically.

Methods. The AV node artery in 27 patients with unexplained sudden cardiac death (mean age 24.8 ± 7.4 years) was compared with that in 17 control subjects who died traumatically (mean age 25.6 ± 7.0 years). No anatomic cause of death was found at autopsy in the subjects with sudden death, all of whom died of presumed cardiac arrhythmias. The conduction system of all hearts was studied by semiserial sections and Movat pentachrome stains. At the point of greatest narrowing of the AV node artery, the outer circumference and lumen outline were traced by computerized morphometry, the ratio of outer vessel area to lumen area was calculated and the histopathologic changes were noted.

Results. The rank-sum of ratios was significantly greater in the sudden death group than in the control group ($p = 0.031$, Wilcoxon rank-sum/Mann-Whitney statistic). A dysplastic AV node artery with significant acid mucopolysaccharide deposition was seen almost exclusively in the sudden death group (12 of 27 vs. 1 of 17, $p = 0.006$). In 10 subjects with sudden death, a dysplastic AV node artery was narrowed >2 SD over the control value; half of this subgroup died during exercise and one third had a family history of sudden unexplained cardiac death.

Conclusions. Dysplasia of the AV node artery may contribute to death in a substantial portion of patients with unexplained sudden death, and such death is often associated with exercise and a family history of unexplained suddden death.

J Am Coll Cardiol. 1993;21:117-122.

Diagnostic considerations in molar gestations

Richard M. Conran, MD, PhD, Charles L. Hitchcock, MD, PhD, Edwina J. Popek, DO, Henry J. Norris, MD, Joe L. Griffin, PhD, Annette Geissel, HT(ASCP), and William F. McCarthy, PhD

Hydatidiform moles (HMs) are classified as partial or complete based on a combination of gross, histologic, and karyotypic features. Adherence to strict and reproducible diagnostic criteria is needed to ensure accurate diagnosis and minimize interpathologist variability. Using the kappa statistic as a measure of agreement, the morphologic, flow cytometric, and clinical features of 80 cases of HM or suspected HM were analyzed sequentially by three pathologists to evaluate intrapathologist and interpathologist variability. Poor interpathologist agreement was obtained when histology alone was used for diagnosis. The combination of gross morphology and histology resulted in poor to good agreement. Good interpathologist agreement was obtained, however, when objective data (DNA content determined by flow cytometry) were included in the analysis. Our data indicate that pathologist concordance is maximized when the diagnosis is based on a combination of morphology and DNA content.

Hum Pathol. 1993; 24:41-48.

Detection of *Cryptosporidium parvum* DNA in fixed, paraffin-embedded tissue by the polymerase chain reaction

Marc A. Laxer, M. Ellen D'Nicuola, and Rubina J. Patel

The objective of this project was to demonstrate detection of *Cryptosporidium parvum* DNA in fixed, paraffin-embedded tissue using the polymerase chain reaction (PCR). DNA was purified from six samples of fixed, paraffin-embedded tissue that were histologically positive for *C. parvum* and used in the PCR. Previously developed oligonucleotide primers specific for *C. parvum* were used to amplify a 452-base target sequence, and a 20-base synthetic probe labeled with digoxigenin-11-dUTP was used to detect the amplification product by chemiluminescence. All six samples were positive by PCR; negative controls showed no amplification or hybridization. This approach could provide a sensitive and specific method for detection of parasite material in fixed, paraffin-embedded tissue samples, and prove to be of significant value in retrospective studies of archival material.

Journal of Chromatography, 1992;580:63-75.

Unusual infections in humans

Ronald C. Neafie and Aileen M. Marty

We present nine cases of unusual infectious diseases. The clinical history, pathologic changes, morphologic features of the organism, diagnosis, discussion, criteria needed to establish the diagnosis including differential diagnosis, current therapy, and current literature on each disease entity are included. The infections presented here are acanthocephaliasis, caused by *Moniliformis moniliformis;* dipylidiasis, caused by *Dipylidium caninum;* granulomatous amebic encephalisis (GAE), caused by a leptomyxid ameba; schistosomiasis of the urinary bladder, a dual infection caused by *Schistosoma haematobium* and *Schistosoma mansoni;* syphilitic gastritis, caused by *Treponema pallidum* with incidental infection of *Helicobacter pylori;* disseminated microsporidial myositis, caused by a *Pleistophora* sp.; orchitis, epididymitis, and scrotitis, caused by *Sporothrix schenckii;* abdominal angiostrongyliasis, caused by *Angiostrongylus costaricensis;* and botryomycosis of the skin and subcutaneous tissue, caused by a gram-positive coccus morphologically consistent with a *Staphylococcus aureus*.

The major emphasis of this review is the morphologic description of the causative agents as they appear in tissue sections. An unusual number of illustrations are included to demonstrate the salient features of the organisms. These descriptions and illustrations enable one to properly distinguish between different agents and arrive at the proper definitive diagnosis. All illustrations are of sections stained with hematoxylin and eosin (H&E) unless otherwise specified.

Clin Microbiol Rev. 1993;6:34-56.

Postgraduate Short Courses in Continuing Education
Academic Year 1993–94

Course Title	Scheduled Dates	Location
2nd Annual Descriptive Veterinary Pathology	1–4 June 93	AFIP, Washington, DC
4th Ann. Surgical Pathology Review of Gastrointestinal Tract	4–5 June 93	**Cornell Medical Center, New York, NY**
Exfoliative & Fine Needle Aspiration Cytology	7–11 June 93	Washington Marriott, Washington, DC
Forensic Anthropology	21–25 June 93	**University of New Mexico, Albuquerque, NM**
Pathology of Infectious Diseases & AIDS	12–16 July 93	**Condado Plaza Hotel & Casino, San Juan, Puerto Rico**
Histopathology Techniques	4–6 August 93	AFIP, Washington, DC
Pathology of Laboratory Animals	9–13 August 93	Hyatt Regency, Bethesda, MD
Anatomy, Histology, & Electron Microscopy of the Eye, Orbit, and Ocular Adnexa	28–29 August 93	Georgetown University Conference Center Washington, DC
Ophthalmic Pathology for Ophthalmologists	30 Aug–3 September 93	Georgetown University Conference Center Washington, DC
Hepatic Pathology–'93	8–10 September 93	Holiday Inn, Bethesda, MD
Asia-Pacific Conference on Cytopathology	13–16 September 93	**Friendship Hotel, Beijing, China**
Pathology of Congenital Heart Disease	13–17 September 93	AFIP, Washington, DC
Pulmonary & Mediastinal Radiology	18–19 September 93	Washington Marriott, Washington, DC
Future Technologies for DNA Analysis	4–5 October 93	Holiday Inn Crowne Plaza, Rockville, MD
Morphologic Findings in Renal Disease	4–7 October 93	AFIP/Callender Lab, Washington, DC
Ancient Human DNA	11–12 October 93	Old Towne Holiday Inn, Alexandria, VA
3rd Annual Radiologic Pathologic Correlation	11–15 October 93	**Colonial Williamsburg, Williamsburg, VA**
Essentials of Forensics	11–15 October 93	Holiday Inn Crowne Plaza, Rockville, MD
Interpretation of Prostatic Biopsy	6–7 November 93	Holiday Inn Crowne Plaza Metro, Washington, DC
Respiratory Tract & Mediastinum	6–8 November 93	**Tucson National Resort, Tucson, AZ**
Gynecologic Pathology	7–9 November 93	Holiday Inn, Bethesda, MD
Oral Pathology Review	15–17 December 93	**Hilton Palacio del Rio, San Antonio, TX**
Genitourinary Pathology Review	10–14 January 94	Holiday Inn, Bethesda, MD
Controversies and Recent Advances in Surgical Pathology	14–18 February 94	**Doubletree Hotel, San Diego, CA**
Forensic Dentistry	14–18 March 94	Hyatt Regency, Bethesda, MD

2nd Annual Descriptive Veterinary Pathology

This course is designed to teach attendees how to describe both gross and microscopic lesions in a variety of major organs. Both written and oral descriptive techniques will be taught. This year the course will include lectures on interpretation and description of electron micrographs as well. Practice tests (gross and microscopic) will be given and graded to provide feedback to attendees. Microscopes will be provided and gross lesions will be demonstrated by means of 2 x 2 transparencies. The objective is to increase the attendees' skill at describing gross and microscopic lesions in animal tissues. Skill at describing lesions is necessary for success on the American College of Veterinary Pathologists certifying examination.

4th Annual Surgical Pathology Review of the Gastrointestinal Tract

This one and one-half day course consists of a comprehensive practical review in diagnostic surgical and endoscopic pathology of the gastrointestinal tract for pathologists, pathology residents, gastroenterologists, and gastroenterology fellows. The course includes lectures on neoplastic and non-neoplastic diseases of the gastrointestinal tract. A participant can come away with a better grasp of endoscopic biopsy interpretation, clinical-pathologic correlations, and up to date information on a variety of gastrointestinal diseases and lesions such as the dysplasias, Barrett's esophagus, chronic gastritis and colitis, mucosa-associated lymphomas, and neuroendocrine lesions.

Diagnostic Exfoliative and Fine Needle Aspiration Cytology

This course is designed to provide formal training in diagnostic exfoliative and fine needle aspiration cytology for pathologists and cytotechnologists through formal lectures and microscopic workshop sessions. The topics to be covered include benign and malignant criteria for all body sites; female genital tract; respiratory, urinary and gastrointestinal tracts; body cavity effusions; cerebrospinal fluids; lymph nodes; liver, pancreas, and retroperitoneum. Infectious agents accompanying inflammatory cell changes and cytologic grading of squamous intraepithelial lesions will also be emphasized. Pediatric aspiration cytology and aspiration procurement techniques will be discussed. In addition, lectures on immunoperoxidase staining and flow cytometry will be presented. Microscopes will be provided.

Forensic Anthropology

This five-day course surveys the basic principles of forensic anthropology and provides updates on new techniques in the field. The course, designed for physicians, pathologists, dentists, medical examiners, and other medicolegal investigators, consists of a series of lectures covering topics in the field followed by laboratory sessions emphasiizing hands-on analysis of skeletal remains. This year's course features a field exercise on techniques for locating and recovering human remains.

Pathology of Infectious Diseases and AIDS

This very popular and successful 5-day (Monday-Friday) summer AFIP course is scheduled for July 12–18, 1993, in San Juan, Puerto Rico. The organization for 1993 reflects a new approach to a classical educational AFIP program and aims to provide an active annual forum for academic, scientific, and practical diagnostic professional exchange in the pathology of parasitic and infectious diseases. This year, the first day of the course will focus on infectious disease pathology of the skin and gastrointestinal tract. Day two will provide a review and update on malaria and day three on the pathology and medical importance of mycobacterial infection. The last two days will be dedicated to the pathology of HIV-1, HIV-2, and AIDS-related diseases for a comprehensive, unified view of the impact of opportunistic infections in the immunocompromised host. The course will include 40 hours of lectures with open discussion periods and 10 hours of a diagnostic histopathology workshop with 150 microscope slides of AIDS pathology from the central teaching files of the AFIP. Spanish and English speaking faculty members will be available at the workshop to assist the participants.

This course is designed for general practicing pathologists, dermatopathologists, researchers, microbiologists, clinicians, basic scientists, veterinarians, and others interested in the study of the pathology of infectious and parasitic diseases or of AIDS-related diseases. Presentations on the pathology of all diseases will be supplemented with relevant concepts on the epidemiology, pathogenesis, immunology, clinical diagnosis, treatment, and prevention. Aspects of vaccine development will also be discussed.

Instructions for Filling Out Application Form for AFIP Courses

1. **Course Fee:** Checks for all courses are to be made payable to the American Registry of Pathology (ARP). To safeguard your course space, we strongly encourage advance fee payment when application form is submitted, but not later than the Application Priority Deadline (does not apply to non-U.S. citizens).
2. **Application Priority Deadline:** Fifty percent of the course spaces are reserved for federal applicants and 50% for non-federal applicants until the Application Priority Deadline Date. After that date, applications will be considered on a first-received, first-accepted basis.
3. **Federal Personnel Please Note:** To insure a space will be held for you, submit an application for each course you desire to attend directly to the Education Division, AFIP. Do this regardless of any funding action.
4. **Accreditation:** The Armed Forces Institute of Pathology is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.
5. **Registration Procedures for International Applicants:**

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E/VCP, Rm 266
United States Information Agency
301 4th Street, S. W.
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With letter of application, attach a copy of course application form, a check drawn on a U.S. bank or International Money Order, payable to the American Registry of Pathology, in U.S. dollars in the amount required.

Military:

Request the desired training through your military training channels to the Security Assistance Office of the U.S. Mission in your country.

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Attach to letter of application (see above) a letter certifying employment from your servicing personnel office and mail to:

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Recent Publications by AFIP Staff

1. Burke A, Sobin L. The histogenesis of appendiceal carcinoid tumours. *Histopathology*. 1992;21:600-601. Letter.
2. Burke AP, Subramanian R, Smialek J, Virmani R. Nonatherosclerotic narrowing of the atrioventricular node artery and sudden death. *J Am Coll Cardiol*. 1993;21:117-122.
3. Conran RM, Hitchcock CL, Popek EJ, Norris HJ, Griffin JL, Geissel A, McCarthy WF. Diagnostic considerations in molar gestations. *Hum Pathol*. 1993;24:41-48.
4. Laxer MA, D'Nicuola ME, Patel RJ. Detection of *Cryptosporidium parvum* DNA in fixed, paraffin-embedded tissue by the polymerase chain reaction. *A J Trop Med Hyg*. 1992;47:450-455.
5. Neafie RC, Marty AM. Unusual infections in humans. *Clin Microbiol Rev*. 1993;6:34-56.
6. Popek EJ, Neafie RC. Case 4. Granulomatous meningoencephalitis due to leptomyxid ameba. *Pediatr Pathol*. 1992;12:871-881.
7. Seidman JD, Elsayed AM, Sobin LH, Tavassoli FA. Association of mucinous tumors of the ovary and appendix: a clinicopathologic study of 25 cases. *Am J Surg Pathol*. 1993;17:22-34.
8. Seidman JD, Frisman DM, Norris HJ. Expression of the HER-2/*neu* proto-oncogene in serous ovarian neoplasms. *Cancer*. 1992;70:2857-2860.

Armed Forces Institute of Pathology
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The Director
ATTN: AFIP-PA
Armed Forces Institute of Pathology
Washington, D.C. 20306-6000
Telephone (202) 576-0233. AUTOVON 291-0233

Director
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Graphics
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Photography
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